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Attorney Docket No.

Please change the Correspondence Address for the above-identified application to:					
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Telephone	*		Email		
Applicant/Inventor  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X Attorney or agent of record. Registration Number 41,567  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number					
Signature X WW W W					
Typed or Printed S Name	Scott W. Cummings	<u> </u>	· .		
Date July 13, 2	2005 Tel	ephone (73	0) 744-8000	) <u> </u>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
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PTO/SB/80 (04-05)

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37 CFR 3.73(b).  I hereby appoint:						
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
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Individual Namé Address	Individual Namé					
·						
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Telephone Email						
Assignee Name and Address: Health Hero Network, Inc.						
2570 W. El Camino Real, Ste. 111						
Mountain View, California 94040						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,						
and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Nema   04-1 T   P						
Name Stephen J. Brown Telephone 650-559-100 Title President & CEO						

by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete titls form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. BEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (09-04)

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SIAIEME	NI UNDER 37 CFR 3.73(D)			
Applicant/Patent Owner: Health Hero Network, Inc.				
Application No./Patent No.: 09/810,865	Filed/Issue Date: March 16, 2001			
Entitled: DISEASE SIMULATION SYSTEM AND				
Health Hero Network, Inc.	, a <u>Corporation</u>			
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)			
states that it is:				
1.  the assignee of the entire right, title,	and interest; or			
2.  an assignee of less than the entire rig				
The extent (by percentage) of its ownership interest is %				
in the patent application/patent identified above by	y virtue of either:			
	patent application/patent identified above. The assignment was rademark Office at Reel <u>015468</u> , Frame <u>0824</u> , or for which a copy			
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B. A chain of title from the inventor(s), of the p shown below:	atent application/patent identified above, to the current assignee as			
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[NOTE: A separate copy (i.e., a true copy of the	ne original document(s)) must be submitted to Assignment he assignment is to be recorded in the records of the			
The undersigned (whose title is supplied below) is	authorized to act on behalf of the assignee.			
Min	6.6.05			
Signature	Date			
Michele V. Frank	703-744-8000			
Printed or Typed Name	Telephone Number			
Legal Representative				
Title				

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